## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 16, 2008 8:00 am **Secretary of State** DOCUMENT # P03000151253 01-16-2008 90019 011 \*\*\*158.75 1. Entity Name COASTLINE PROPERTIES OF DESTIN, INC. Principal Place of Business Mailing Address 15400 EMERALD COAST PKWY, UNIT 1002 15400 EMERALD COAST PKWY, UNIT 1002 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15400 Emerald Coast Pkur 15400 Emercld Coast Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 Chg-P CR2E034 (12/06) Unit 60 Unit 601 City & State 4. FEI Number Applied For ity & State Destin 20-0481752 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32541 325Y1 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAWKINS, JOHN WESQ Street Address (P.O. Box Number is Not Acceptable) MATTHEWS & HAWKINS, P.A. 4475 LEGENDARY DR DESTIN, FL 32541 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE Detete TITLE Change ■ Addition She Hon-Bass, Pamela 15400 Emerald Coast Phury # 601 NAME SHELTON-BASS, PAMELA NAME STREET ADDRESS 15400 EMERALD COAST PKWY # 1002 STREET ADDRESS CITY-ST-7IP DESTIN, FL 32541 CITY-ST-ZIP Destro FL 32541 TITLE ☐ Delete TITLE ☐ Change □ Addition HARDING, STEPHEN S NAME Same STREET ADDRESS 161 E. CHICAGO AVE. SUITE 47C STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60611 CITY-ST-ZIP TITLE TITLE ☐ Delete Change | □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**